



Fitness Center & Fit Zone New Member Information

****please print clearly****

Today's Date _____

Name* _____ Keytag# _____

Address**(NO P.O. BOX) _____

City* _____ State* _____ Zip * _____

Phone * _____ Emergency Contact* _____

Emergency Contact Phone Number* _____

Email _____

D.O.B.* ____/____/____

Amt Pd. _____ PD Thru ____/____/____

Cash ____ Check ____ (ck# _____) Credit ____ Payroll Deduct ____

Community Member _____	_____ Aerobics Classes Only
Senior Member _____	_____ Fitness Only (Gym Only)
Rehab Graduate _____	_____ Combo: Gym & Classes
Employee _____	

for office use only

Credit Department Cost Center 20448, Revenue Account 62475 or 62640